

# STANDARD CERTIFICATE OF DEATH

State File No.

**14899**

FILED MAY 4 1953

BIRTH NO.

REG. DIST. NO.

**179**

PRIMARY REG. DIST. NO.

**4287**

Registrar's No.

**8**

**1. PLACE OF DEATH**

a. COUNTY **Lincoln**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **TROY**

c. LENGTH OF STAY (In this place) **2 hrs**

d. FULL NAME OF HOSPITAL OR INSTITUTION **LINCOLN COUNTY HOSPITAL**

**2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)**

a. STATE **Missouri**

b. COUNTY **Lincoln**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Foley**

d. STREET ADDRESS (If rural, give location) **0570**

**3. NAME OF DECEASED**  
(Type or Print)

a. (First)

**William**

b. (Middle)

**Henry Landers**

c. (Last)

4. DATE (Month) (Day) (Year)

**Apr. 25, 1953**

**5. SEX**

**male**

**6. COLOR OR RACE**

**white**

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)**

**married**

**8. DATE OF BIRTH**

**July 3, 1873**

**9. AGE (In years)**

**79**

**10. MONTHS**

**Days**

**11. HOURS**

**Mins.**

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**

**Farming**

**10b. KIND OF BUSINESS OR INDUSTRY**

**own farm**

**11. BIRTHPLACE (City and State or Foreign Country)**

**Iola, Illinois (RFD)**

**12. CITIZEN OF WHAT COUNTRY?**

**USA**

**13a. FATHER'S NAME**

**Henry Landers**

**13b. MOTHER'S MAIDEN NAME**

**Sarah Lewis**

**14. NAME OF HUSBAND OR WIFE**

**Alice Craig Landers**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)**

**no**

**16. SOCIAL SECURITY NO.**

**none**

**17. INFORMANT'S SIGNATURE OR NAME**

**Alice Landers, Foley, Mo.**

**ADDRESS**

**18. CAUSE OF DEATH**

Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)**

**Shock**

**ANTECEDENT CAUSES**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Chrushed Pelvis, Broken leg,**

**Brain Concussion.**

DUE TO (c) **Automobile Accident**

**II. OTHER SIGNIFICANT CONDITIONS**

Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH**

**2 hrs**

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**21a. ACCIDENT SUICIDE HOMICIDE (Specify)**

**Accident**

**21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)**

**Hi-Way**

**21c. (CITY, TOWN, OR TOWNSHIP)**

**Foley**

**(COUNTY)**

**Lincoln**

**(STATE)**

**Mo.**

**21d. TIME OF INJURY**

**April 25, '53 12:30 PM**

**21e. INJURY OCCURRED WHILE AT WORK**

**NOT WHILE AT WORK**

**21f. HOW DID INJURY OCCUR?**

**Collision of Two Automobiles**

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

**23a. SIGNATURE**

**Joseph L. Marsh**

**Coroner (Degree or title)**

**Lincoln County**

**23b. ADDRESS**

**Troy, Missouri**

**23c. DATE SIGNED**

**4/26/53**

**24. BURIAL, CREMATION, REMOVAL (Specify)**

**burial**

**24b. DATE**

**4/27/53**

**24c. NAME OF CEMETERY**

**Star Hope**

**24d. LOCATION (City, town, or county)**

**RFD Elsberry, Mo.**

**(State)**

**DATE REC'D BY LOCAL REG.**

**May 2 1953**

**REGISTRAR'S SIGNATURE**

**Emmanuel B. Rhodes**

**25. FUNERAL DIRECTOR'S SIGNATURE**

**Charles E. Elsberry**

**ADDRESS**

**Elsberry, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4012

P. O. Address Elsherry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.